

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 04/02/03.

I. DISPUTE

Whether there should be reimbursement for CPT code 97139-PH on dates of service 11/26/02 and 11/27/02. The respondent reduced payment based on "M-reduced to fair and reasonable".

II. RATIONALE

The requestor provided redacted EOB's from insurance carriers that support amount billed was fair and reasonable. The EOB's support a need for a change in the reimbursement per the 1996 Medical Fee Guidelines General Instructions Ground Rule III, Durable Medical Equipment Ground Rule IV, VIII, IX, and section 413.011(b). Additional reimbursement in the amount of \$56.00 (\$28.00 x 2 dates of service) is recommended.

III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement in the amount of **\$56.00**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$56.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 9th day of July 2004.

Laura L. Campbell
Medical Dispute Resolution Officer
Medical Review Division

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